



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Submit plans to: G. ERIK HOTTON JR., ARCHITECT
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Division of Health Planning
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DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: _____ (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: _____ (SEE CHECKLIST BELOW)

FACILITY NAME: _____
PROJECT NAME: _____
STREET ADDRESS: _____
CITY: _____, **GEORGIA** ZIP CODE: _____ - _____ COUNTY: _____
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE NUMBER: _____
E-MAIL: _____

OWNER: (COMPANY NAME) _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE: _____
E-MAIL: _____

SUBMITTED BY: (COMPANY NAME) _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE: _____
E-MAIL: _____

? Are you the: Architect _____ Owner _____ Consultant _____ Contractor _____ Other _____
Architects Name & Georgia Registration Number: _____

TYPE OF FACILITY

HOSPITAL: _____ NURSING HOME: _____ AMBULATORY SURGERY CENTER: _____ OTHER: _____

PURPOSE OF SUBMISSION

PRELIMINARY or DESIGN DEVELOPMENT REVIEW: _____ ADDENDUM: _____
FINAL REVIEW and CONSTRUCTION PERMIT: _____ REVISIONS: _____

Estimated Construction Cost: _____ Total Square Footage of Project: _____
Estimated Equipment Cost: _____
Estimated Start of Construction: _____ Estimated Completion: _____

PLEASE ALLOW A MINIMUM OF 45 DAYS REVIEW TIME FOR CONSTRUCTION APPROVAL

*Specifications and Structural Drawings are not required.
(Include any Door, Hardware or Finish Schedules from Specifications.)*

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

- 1) **_____ DCH PLANS TRANSMITTAL LETTER**
- 2) **_____ SIGNED & NOTARIZED DCH CONSTRUCTION/RENOVATION PROGRAM NARRATIVE FORM**
- 3) **_____ ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED**
- 4) **_____ AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)**
- 5) **_____ A COPY OF ANY DCH APPROVAL LETTER: CON _____, LNR _____ or DET _____**

DCH USE ONLY: Date Received: _____

DCH Project Number: _____